	M	ULTIP	LE DE	NDE	NT CL	AIM		SERIAL	NO.							
1	MULTIPLE DE NOENT CLAIM FEE CALCULATION SHEET									FILING DATE						
	(FOR USE WITH FORM PTO-875)									PLICANT(S)						
	ASI	7[[ PD	AF	TER	AF	CLAIM AFTER		IS			11/20/16					
1	<b></b>	AS FILED		1"AMENDMENT		2 MAMENDMENT		ĺ	AS FILED		AFTER 1"AMENDMENT		AFTER			
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